OCCUPANTS FUMIGATION NOTICE AND PESTICIDE DISCLOSURE

JOB ADDRESS		CITY	
	elling [] Multi Family Dwelling		
Owner/Agent			
Tel. No. ()	Owner/Agent Emergency No. ()		
Occupant	Emergency		
Tel. No. ()	Emergency	/ No. ()	
Prime Contractor		Emergency No. ()	
Fumigation Contractor Target Pest(s): [] Drywood Termites [] Beetles		Emergency No. ()	
Target Pest(s): [] Drywood Termites [] Beetles		Uther(s) Vikane® (Active Ingredient - Sulfuryl Fluoride)	
0 1 1	· ·	,	ngredient - Sulfuryl Fluoride)
[] Other(s)			
	ICRIN WILL BE USED AS WAR		
Dates of fumigation: _	tes of fumigation: Date changes/Alternative date: Initials		
	<u>IMPORTANT - RI</u>	EAD CAREFULLY	
	LL BE FUMIGATED WITH LET D ANIMALS MUST VACATE T W.		` '
	MSTANCES CAN ANYONE E CE IS POSTED GIVING THE TIME		
companies are registered ar by the California Departme the State finds that based or	be given the following information: CAUT and regulated by the Structural Pest Control ont of Pesticide Regulation and the United Structural scientific evidence there are no effits. The degree of risk depends upon the	Board, and apply pesticides which States Environmental Protection A appreciable risks if proper use con	h are registered and approved for use agency. Registration is granted when additions are followed or that the risks
in breathing, leave the structure number) and notify your po	rience symptoms of dizziness, headache, na cture immediately and seek medical attent est control company. The warning agent, ace during fumigation can be fatal.	tion by contacting your physician	or Poison Control Center (telephone
Department (telephone num	tact any of the following: Your pest control lber); for Application Information - the Coul Pest Control Board, 800/737-8188, 1418	unty Agricultural Commissioner (te	elephone number) and for Regulatory
FOR HEALTH QUESTIO	NS:		
COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
PHONE #	PHONE #	PHONE #	PHONE #
I hereby acknowledge recei	ction may be modified to include the informity of a copy of this document as well as a	list that includes the instructions f	
fumigation, procedures for	leaving the structure, and the following do	ocuments.	
	wner/Agent (signature) Date ccupants(s) (signature)		